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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/295,723 11/15/2002 PAT 6,686,178  
 which is a DIV of 09/923,246 08/03/2001 PAT 6,605,272  
 which is a DIV of 09/522,217 03/09/2000 PAT 6,307,024  
 which claims benefit of 60/123,547 03/09/1999  
 and claims benefit of 60/123,904 03/11/1999  
 and claims benefit of 60/142,013 07/01/1999

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/31/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 24
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

10117

## TITLE

CYTOKINE ZALPHA11 LIGAND

FILING FEE RECEIVED 1683	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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